

09/498254

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		693CC	

## INDEX OF CLAIMS

- ✓ ..... Rejected N ..... Non-elected
- ..... Allowed I ..... Interference
- (Through numeral) Canceled A ..... Appeal
- + ..... Restricted 0 ..... Objected

Claim	Date
Final Original	3/4/6
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Claim	Date
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LAST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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